



**CANDIDATE'S STATEMENT OF ORGANIZATION AND
DESIGNATION OF PRINCIPAL COMMITTEE OR EXPLORATORY COMMITTEE**

(CFA-1)

State Form 4604 (R13/9-10)

Indiana Election Commission (IC 3-9-1-3; IC 3-9-1-4; IC 3-9-1-5)

PLEASE TYPE OR PRINT LEGIBLY IN BLACK INK. SEE INSTRUCTIONS ON REVERSE SIDE.

FILE NUMBER									
1. IS THIS AN AMENDMENT? <input type="checkbox"/> No <input type="checkbox"/> Yes If Yes, please enter the file number in this box →									
SECTION A. CANDIDATE INFORMATION: Fill in all applicable boxes as fully and accurately as possible.									
2. Last Name JOHNSON		First Name ANNETTE		Middle Name M.		Nickname		3. Type of Committee (Check one) <input type="checkbox"/> Candidate's Principal Committee <input checked="" type="checkbox"/> Exploratory Committee	
4. Mailing Address 5358 WETHERBY CT.				5. FAX (Optional)		6. E-mail Address (Optional) j.annette92@yahoo.com			
7. City INDPLS,		State IN	ZIP Code 46254	8. County MARION		9. Telephone (Day) (317) 418-7801		10. Telephone (Evening)	
11. Party Affiliation <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Libertarian <input type="checkbox"/> Republican <input type="checkbox"/> Other				12. Office Sought (Include district number, if any. Not required for an exploratory committee.) PIKE TOWNSHIP ADVISORY BOARD-DIST-3					
SECTION B. COMMITTEE INFORMATION: Fill in all applicable boxes as fully and accurately as possible.									
13. Full Name of Committee (Do not abbreviate) <input type="checkbox"/> Check if this is a new name COMMITTEE TO ELECT ANNETTE M. JOHNSON									
14. Mailing Address <input type="checkbox"/> Check if this is a new address 5358 WETHERBY CT.				15. FAX (Optional)		16. E-mail Address (Optional)			
17. City INDPLS,		State IN	ZIP Code 46254	18. County MARION		19. Telephone (317) 418-7801		20. Committee Organization Date (MM-DD-YY) 3-01-2016	
21. Chairperson's Full Name <input checked="" type="checkbox"/> Designate Candidate as Chairperson <input checked="" type="checkbox"/> Check if this is a new chairperson PHILLIP ABRAM									
22. Mailing Address <input type="checkbox"/> Check if this is a new address 5078 AUDREY DR. APT # 207				23. FAX (Optional)		24. E-mail Address (Optional)			
25. City INDPLS,		State IN	ZIP Code 46254	26. County MARION		27. Telephone (Day) (317) 490-8827		28. Telephone (Evening)	
29. Bank or Other Depositories (List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.) NONE									
30. Exploratory Committee (Give brief statement explaining purpose of an exploratory committee only.) TOWNSHIP ADVISORY BOARD					31. Salaries and Reimbursements (Will the committee pay the candidate a salary or reimbursement for lost wages? If Yes, attach a copy of the contract.) <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes				
SECTION C. APPOINTMENT OF TREASURER (IC 3-9-1-14)									
32. I, as Chairperson of the foregoing committee, appoint the following person as Treasurer of the Committee. PHILLIP ABRAM				Person Appointed Treasurer HILDA GADES		Signature of the Committee Chairperson Phillip Abram			
33. Treasurer's Full Name <input checked="" type="checkbox"/> Designate candidate as treasurer <input type="checkbox"/> Check if this is a new treasurer HILDA GADES									
34. Mailing Address <input type="checkbox"/> Check if this is a new address 6057 NORTH LAND RD.				35. FAX (Optional)		36. E-mail Address (Optional)			
37. City INDPLS,		State IN	ZIP Code 46228	38. County		39. Telephone (Day) (317) 291-3066		40. Telephone (Evening) (317) 291-3066	
SECTION D. ACCEPTANCE OF APPOINTMENT (IC 3-9-1-15)									
41. I give notice that I accept the duties and responsibilities of Treasurer of this Committee. I am not the chairperson of a campaign finance committee (except as permitted for a candidate committee under IC 3-9-1-7).						Signature of Person Accepting Appointment			
SECTION E. CERTIFICATION OF STATEMENT									
We certify as the candidate and the duly appointed Chairperson of the Committee and that we have examined this statement. To the best of our knowledge and belief it is true, correct and complete.									
42. Typed or Printed Name of Chairperson Phillip Abram		Signature of Chairperson Phillip Abram				Date (MM-DD-YY) 3-11-16			
43. Typed or Printed Name of Candidate Annette M. Johnson		Signature of Candidate Annette M. Johnson				Date (MM-DD-YY) 3-11-16			
Warning: State law requires that any change in this information be reported within 10 days of the change (IC 3-9-1-10). A person who knowingly files a fraudulent report commits a Class D felony (IC 3-14-1-13). A person who fails to file a complete or accurate report as required by the Indiana Campaign Finance Law commits a Class B misdemeanor (IC 3-14-1-14), and may be subject to civil penalties (IC 3-9-4-16, IC 3-9-4-17, and IC 3-9-4-18).									

FOR OFFICE USE ONLY

Mylen A. Eldredge

MAR 11 2016

FILED